

**FILED****8/4/2016**THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**RECEIVED**

JUN 10 2016 EAA

6-10-16

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURTMatthew Brown-Turner(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

16cv6126

Judge John W. Darrah

Magistrate Judge Susan E. Cox  
PC11

vs.

Case

(To be supplied by the Clerk of this Court)Tom Dart  
Cook County Jail  
Commander Johnson  
Sargent Houston  
Officer Leon  
Officer S. Howard III(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")**CHECK ONE ONLY:**☒**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)☐**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code** (federal defendants)☐**OTHER** (cite statute, if known)**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR**  
**FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Matthew Brown-Turner
- B. List all aliases: none
- C. Prisoner identification number: 20130622117
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart  
Title: Sheriff  
Place of Employment: Cook County Sheriff's office
- B. Defendant: Cook County Jail  
Title: Cook County Department of Corrections  
Place of Employment: N/A
- C. Defendant: Commander Johnson - Div. 10  
Title: Sheriff  
Place of Employment: C.C.D.O.C Div. 10

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)



## II. Defendants (cont.)

D. Defendant: Sargent Houston  
Title: Sherriif  
Place of Employment: C.C.D.O.C Div. 10

E. Defendant: Officer Leon  
Title: Sherriif  
Place of Employment: C.C.D.O.C Div. 10

F. Defendant: Officer S. Howard III  
Title: Sherriif  
Place of Employment: C.C.D.O.C Div. 10



**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: none
- B. Approximate date of filing lawsuit: none
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: none
- D. List all defendants: none
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): none
- F. Name of judge to whom case was assigned: none
- G. Basic claim made: none
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): none
- I. Approximate date of disposition: none

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1) On April 7<sup>th</sup>, 2016 8:30 p.m in Cook County Jail Division 10 a big argument erupted between a group of inmates mere seconds before a fight would have broke out on 3-C, an all-available was called by our unit Officer Leon. Commander Johnson and Sargent Houston responded and Officer Leon said it was a false alarm without properly investigating the matter which led to the incident on April 8<sup>th</sup> the following morning.

2) On the morning of April 8<sup>th</sup>, 2016 in Division 10 on 3-C Officer S. Howard III opened our cells and sat in the bubble, while different inmates grouped up. Then a fight broke out. Officer S. Howard III didn't call for back up until two more fights broke out. At this time is when a couple of inmates ran up on me and jumped me and stabbed me 3 times, once in my left arm, once on the bottom of my neck and

Once in my back on my spinal cord. The whole unit was in a ruckus of confusion for at least 20 minutes while a couple of dozens of officers watched the groups of people fighting before they decided to run in a spray people with pepper sprayed. At this time I was pepper sprayed and handcuffed to the back and placed on the bench on the unit. The officers handling the situation let a inmate that I don't know his name kick me in the face and knock me off the bench after I was sprayed and handcuffed. Tom Dart is over the Cook County Jail and should show them the proper procedure to better protect us from violence and the use of weapons.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Punitive and monetary damages in the sum of  
\$650,000 for emotional and physical pain.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 2<sup>nd</sup> day of May, 2016

Matthew Brown-Turner

(Signature of plaintiff or plaintiffs)

Matthew Brown-Turner

(Print name)

20130622117

(I.D. Number)

P.O. Box 089002 Chicago, IL  
60608

(Address)



## COOK COUNTY SHERIFF'S OFFICE (OFICINA DEL SHERIFF DEL CONDADO DE COOK)

## INMATE DISCIPLINARY REPORT (INFORME DISCIPLINARIO INTERNO)

INCIDENT REPORT NO.	CONTROL NUMBER	IR NUMBER	FBI NUMBER	SID NUMBER	INMATE ID NUMBER
DIV10-2016-5479	N/A	1513707		IL50233140	0480894
INMATE INFORMATION					
Inmate's Name (Print) (Nombre del recluso Imprimir): Matthew Brown-Turner		Inmate's DOB (Fecha de nacimiento): 1/2/1988	Booking Number: 20130622117	Division/Unit(Division/unidad): Division 10	Inmate's Living Unit(Unidad de vida): In-Cell
INFRACTION INFORMATION					
<input type="checkbox"/> VERBAL WARNING <input type="checkbox"/> FORMAL CHARGE		Date of Infraction: 4/8/2016	Time of Infraction: 10:15 AM	Location of Infraction (Lugar de la infracción): DIVISION 10	Restitution Form Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER	CHARGE				
207	Fighting				
209	Gang Activity				
314	Participation in a Riot				
408	Inciting a Riot				
<input type="checkbox"/> DNA         VICTIM / WITNESS INFORMATION					
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Edward ROBERSON		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Calvin L Griffin		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Deangelo McClain		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Christopher Hughes		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Lashaun Hogue		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Anton Aseves		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Darrell Leverson		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Adolfo Zuniga		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Jamal Joyner		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Kenneth Brown		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Pierre D White		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Donnell Johnson		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Charles Hall		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Michael Anderson		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Jeremy Medina		




**COOK COUNTY SHERIFF'S OFFICE** (OFICINA DEL SHERIFF DEL CONDADO DE COOK)

**INMATE DISCIPLINARY REPORT** (INFORME DISCIPLINARIO INTERNO)

<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	Erik Norriega
<input type="checkbox"/> Witness	<input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: <u>Participant</u>	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	Matthew Brown-Turner
<input type="checkbox"/> Witness	<input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: <u>Participant</u>	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	Uzziel Roman
<input type="checkbox"/> Witness	<input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: <u>Participant</u>	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	Michael A Taylor
<input type="checkbox"/> Witness	<input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: <u>Participant</u>	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	Markeas Brown
<input type="checkbox"/> Witness	<input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: <u>Participant</u>	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	S HOWARD III
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	T Bellettiere
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	J CARBONE
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	P MIRANDA Jr
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	E BARBOZA JR
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	J STIEMAN
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	M NEUMANN
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	K DAVIS
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	A ARBOLEDA
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	F Medina
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	L ANDERSON
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	N ASKAR
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	P MIRANDA Jr
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	B Devine
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	G MAGEE
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	R ARCE
<input type="checkbox"/> Witness	<input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: <u>Participant</u>	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	T CHRISTIE J
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	N FISHER
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	
<input type="checkbox"/> Victim	<input type="checkbox"/> Inmate	<input type="checkbox"/> ID #: _____	D HENDRIX
<input checked="" type="checkbox"/> Witness	<input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Star #: _____	

**COOK COUNTY SHERIFF'S OFFICE** (OFICINA DEL SHERIFF DEL CONDADO DE COOK)**INMATE DISCIPLINARY REPORT** (INFORME DISCIPLINARIO INTERNO)INFRACTION NARRATIVE (*Infraccion narrativa*)

Approximately 1015hrs on 08apr16, R/D Howard #17250 opened tier 3C in division 10, R/D observed detainee Roberson, Edward #20150212130 standing outside shower when he struck detainee Griffin, Calvin #20120203207 with closed fists, then multiple 10-10s (fight in progress) erupted on the deck, R/D radioed for support. Supervisors and extra officers responded entered the tier, giving verbal orders for all inmates to lay face down on the ground. A few inmates laid face down on the ground, but a group of inmates began to start fighting again between cells #3305 and #3306. Supervisors gave more verbal orders to stop fighting, none of the inmates complied to the verbal orders, oc was deployed in the direction of the fight. Once the oc was deployed, the inmates started to comply with the verbal orders. Inmates were handcuffed by officers and secured in their cells. Inmates that had injuries and oc sprayed were escorted off the tier for decontamination and medical treatment. Cells were searched and individuals before being returned to their cells.

Material Confiscated/Evidence Bag Number ( *Attach photocopy of evidence* ) *Materiales confiscados/pruebas bolsa numero (adjuntar fotocopia de pruebas):*

## CLASSIFICATION UNIT

<b>Inter-Agency Health Inquiry Submitted:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA If YES, Date Submitted: _____		<b>Assesment Completed:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA If YES, where? <input type="checkbox"/> Medical Health <input type="checkbox"/> Mental Health		<b>Assesment Received:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Approved For Pre-Hearing Segregation:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA <b>Placed in Pre-Hearing Segregation:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA If YES, Date/Time _____ Location: _____		<b>Was Verbal Warning Issued:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA <b>If Yes, Were Privileges Restricted</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA <b>Type of Privilege and Duration of Restriction</b> _____			
<b>Classification Unit Personnel (Print):</b> _____			<b>Title:</b> _____		<b>Star #</b> _____
<b>Reporting Personnel's Name (Print):</b> S HOWARD III		<b>Star #</b> _____		<b>Signature:</b> _____	
<b>Reviewing Supervisor's Name (Print):</b> _____		<b>Star #</b> _____		<b>Signature:</b> _____	
<b>Watch Commander (Print):</b> _____		<b>Star #</b> _____		<b>Signature:</b> _____	
<b>Disciplinary Report Delivered to Inmate by (Print Name): (Informe disciplinario entregado al recluso por:)</b> _____					<b>Star Number: (Numero de estrella)</b> _____
<b>Date Delivered: (Fecha de entrega:)</b> 4/8/2016		<b>Time Delivered: (Tiempo de entrega:)</b> _____		<b>Inmate's Signature: (Firma del Recluso:)</b> _____	



# COOK COUNTY SHERIFF'S OFFICE INMATE DISCIPLINARY REPORT - FINDINGS OF FACT AND DECISION

OFICINA DEL ALGUACIL DEL CONDADO DE COOK  
INFORME DISCIPLINARIO INTERNO - CONCLUSIONES DE HECHO Y DE DECISIÓN

INMATE INFORMATION (Información del recluso)			
Inmate's Name (Print) (Nombre del recluso (Imprimir):	ID # (Número de identificación):	Inmate's DOB (Fecha de nacimiento):	Control Number (Número de control):
Turner Brown-Matthew	20130682117	1-21988	DIV1020/105479
Date of Hearing (Fecha de audiencia):	Inmate Requested Witnesses (Recluso pidió a testigos):	Waive 24 Hr. Notice (Renunciar a 24 horas de aviso):	Representative/Interpreter (Representante / intérprete):
4/12/16	<input type="checkbox"/> Yes (Si) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Si) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Si) <input type="checkbox"/> No
Inmate Witness (Recluso testigo):	Living Unit (Unidad de vida):	Inmate Witness (Recluso testigo):	Living Unit (Unidad de vida):
Inmate Witness (Recluso testigo):	Living Unit (Unidad de vida):	Inmate Witness (Recluso testigo):	Living Unit (Unidad de vida):
Inmate's Plea to Charge (Motivo del recluso a cargo):		Inmate's Status While Awaiting Hearing (Estado del recluso mientras espera audiencia):	
<input checked="" type="checkbox"/> Guilty as Charged (Culpable de los cargos) <input type="checkbox"/> Not Guilty (No culpable)			
Inmate's Statement Regarding Infraction (Use continuation sheet if necessary) (Declaración del recluso respecto a la infracción (Use hoja complementaria en caso necesario):			
I got stabbed and sprayed - then I got kicked on face by Charles Hall.			
Inmate's Signature (Firma del recluso): Matthew Brown Turner			
WITNESS STATEMENT (Declaración de testigo)			
Witness Signature (Firma del testigo recluso):			
DISPOSITION BY DISCIPLINARY HEARING BOARD (Disposición por la junta de audiencia disciplinaria)			
It is the finding of the Disciplinary Hearing Board that: (Mark all that apply): Es la conclusión de la Junta de Audiencia Disciplinaria que (Marcar todo lo que aplique):			
<input type="checkbox"/> Guilty as Charged (Culpable de los cargos)	<input type="checkbox"/> Not Guilty (No culpable)	<input checked="" type="checkbox"/> Invalid Report (Informe no válido)	<input type="checkbox"/> 72 Hours Expired (72 horas caducado)
<input type="checkbox"/> 8 Days Expired (8 días caducado)			
Disciplinary Hearing Board findings are based on the following (Resultados de la Junta de Audiencia Disciplinaria se basan en lo siguiente):			
<input checked="" type="checkbox"/> Inmate's Reply / Disciplinary Report (Informe de respuesta / disciplinarias del recluso) <input type="checkbox"/> Other (Otros):			
Disciplinary Hearing Board recommends the following action (Junta de Audiencia Disciplinaria recomienda las siguientes medidas):			
START DATE OF ACTION (Fecha de inicio de acción):		END DATE (Fecha de finalización):	
Narrative (Narrativa):			
Report never mentions inmates name.			
Invalid			
Disciplinary Hearing Board Member's (Title / Signature / Date):			
K... 4/12/16			
Disciplinary Hearing Board Member's (Title / Signature / Date):			
Disciplinary Hearing Board Member's (Title / Signature / Date):			

IF FOUND GUILTY OF DISCIPLINARY CHARGE(S), YOU MAY APPEAL TO THE DIVISIONAL UNIT SUPERINTENDENT  
THE SUPERINTENDENT/UNIT HEAD WILL RENDER A DECISION IN WRITING WITHIN FIVE (5) DAYS OF RECEIVING THE APPEAL.





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE 0480894  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT:  
☒ OTHER: OPR I/S

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Brown-Turner

PRINT - FIRST NAME (Primer Nombre):

Matthew

INMATE BOOKING NUMBER (# de identificación del detenido)

20130622117

DIVISION (División):

9

LIVING UNIT (Unidad):

1E

DATE (Fecha):

4-11-16

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

4-8-16

TIME OF INCIDENT (Hora Del Incidente)

morning

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div. 10, TIER 3-C

I'm writing my Grievance on The County Jail because of a failure to protect. I came out of my cell the morning of 4-8-16 to wash my face when a big fight broke out, in the mist of the fight occurring I was stabbed 3 times, once in my arm, once in my back and once in the back part of my neck for no apparent reason because I had nothing to do with it. The CO's swayed me with mace, detained me and also let a inmate kick me while detained.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be protected better and to not let harm come to me and a safer environment

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Sergeant McGee

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Matthew Brown-Turner 4-8-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

R. Jewell

SIGNATURE:

Jewell

DATE CRW/PLATOON COUNSELOR RECEIVED:

4-18-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:




**COOK COUNTY SHERIFF'S OFFICE**  
 (Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**  
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016-3303

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Dennis Turner

Matthew

13-6622117

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

p80 failure to protect

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Copy given to Sgt

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Sergeant, Health services, Personnel):

DATE REFERRED:

SPK #15 4/18/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See attached

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV / DEPT:

DATE:

H. Ak

Matthew

824

4.18.16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV / DEPT:

DATE:

L. Johnson

L. Johnson

10

4.18.16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

Matthew Turner

4.18.16

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

4/20/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

A safer environment, because they put me on deck with the same people from the fight.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

Original Response to Stand

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

J. Mueller

Matthew B. Turner

4.30.16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el preso recibió respuesta a su apelación):

Matthew Brown Turner

5.11.16

Inmate Serv. Copy